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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	CNS2001-001
		<b>First Named Inventor</b>	Kambiz Afkhami
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	/
		<b>Filing Date</b>	10/26/2001
		<b>Group Art Unit</b>	
		<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Internet Server Appliance Platform with Flexible Integrated Suite of Server Resources and Content Delivery Capabilities Supporting Continuous Data Flow Demands and Bursty Demands

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 

as United States Application Number or PCT International

(if applicable).

Application Number  and was amended on (MM/DD/YYYY) 

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
None			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
None		<input type="checkbox"/>

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label **23433** OR  Correspondence address below

**Name** Robert H. Frantz **Registration Number:** 42,553

**Address** P.O. Box 23324

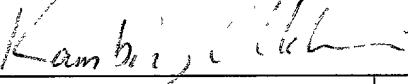
**Address**

<b>City</b> Oklahoma City	<b>State</b> OK	<b>ZIP</b> 73123
<b>Country</b> U.S.A.	<b>Telephone</b> 405-812-5613	<b>Fax</b> 405-440-2465

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

<b>Given Name</b> Kambiz (first and middle [if any])	<b>Family Name</b> Afkhami or Surname
---	--

<b>Inventor's Signature</b> 	<b>Date</b> 9/28/01
---	---------------------

<b>Residence: City</b> Richardson	<b>State</b> TX	<b>USA Country</b>	<b>Citizenship</b> USA
-----------------------------------	-----------------	--------------------	------------------------

**Mailing Address** 2308 Blackberry Drive

**Mailing Address**

<b>City</b> Richardson	<b>State</b> TX	<b>ZIP</b> 75082	<b>Country</b> USA
------------------------	-----------------	------------------	--------------------

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

<b>Given Name</b> Clyde (first and middle [if any])	<b>Family Name</b> Shavers or Surname
--	--

<b>Inventor's Signature</b> 	<b>Date</b> 9/28/01
---	---------------------

<b>Residence: City</b> Richardson	<b>State</b> TX	<b>USA Country</b>	<b>Citizenship</b> USA
-----------------------------------	-----------------	--------------------	------------------------

**Mailing Address** 2840 Faversham Drive

**Mailing Address**

<b>City</b> Richardson	<b>State</b> TX	<b>ZIP</b> 75082	<b>Country</b> USA
------------------------	-----------------	------------------	--------------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kelly Scott		Campbell	
Inventor's Signature	<i>Kelly Scott Campbell</i>		Date <u>9/28/01</u>
Residence: City	Richardson	State	TX
Country	USA	Citizenship	USA
Mailing Address 2560 Buttercup Drive			
Mailing Address			
City	Richardson	State	TX
ZIP	75082	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Edgar Lawrence		Read	
Inventor's Signature	<i>Edgar Lawrence Read</i>		Date <u>9/28/01</u>
Residence: City	Plano	State	TX
Country	USA	Citizenship	USA
Mailing Address 3520 Melanie Lane			
Mailing Address			
City	Plano	State	TX
ZIP	75023	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	
Filing Date	10/26/2001
First Named Inventor	Edgar Lawrence Read
Group Art Unit	
Examiner Name	
Attorney Docket Number	CNS2001-001

I hereby appoint:

 Practitioners at Customer Number

23433

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Number Bar Code  
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OR

 Practitioner(s) named below:

Name	Registration Number
Robert H. Frantz	42,553

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The above-mentioned Customer Number.

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<input checked="" type="checkbox"/> Firm or Individual Name	Robert H. Frantz, 42,553												
Address	P.O. Box 23324												
Address													
City	Oklahoma City	State	OK	Zip	73123	Country	U.S.A.			Telephone	405-812-5613	Fax	405-440-2465
State	OK	Zip	73123										
Country	U.S.A.												
Telephone	405-812-5613	Fax	405-440-2465										

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Edgar Lawrence	Read
Signature	<i>Edgar Lawrence</i>	<i>Read</i>
Date	9/28/01	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	10/26/2001
First Named Inventor	Clyde Shavers
Group Art Unit	
Examiner Name	
Attorney Docket Number	CNS2001-001

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Practitioner(s) named below:

Name	Registration Number
Robert H. Frantz	42,553

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Address	P.O. Box 23324		
Address			
City	Oklahoma City	State	OK
Country	U.S.A.		
Telephone	405-812-5613	Fax	405-440-2465

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Clyde	Shavers
Signature		
Date	9/28/01	

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**POWER OF ATTORNEY OR  
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Application Number	
Filing Date	10/26/2001
First Named Inventor	Kelly Scott Campbell
Group Art Unit	
Examiner Name	
Attorney Docket Number	CNS2001-001

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Address			
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Country	U.S.A.		
Telephone	405-812-5613	Fax	405-440-2465

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Kelly Scott Campbell	
Signature	<i>Kelly Scott Campbell</i>	
Date	September 28, 2001	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	10/26/2001
First Named Inventor	Kambiz Afkhami
Group Art Unit	
Examiner Name	
Attorney Docket Number	CNS2001-001

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**OR**

Practitioner(s) named below:

Name	Registration Number
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<input checked="" type="checkbox"/> Firm or Individual Name	Robert H. Frantz, 42,553		
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Address			
City	Oklahoma City	State	OK
Country	U.S.A.		
Telephone	405-812-5613	Fax	405-440-2465

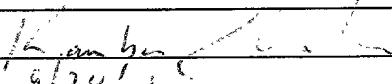
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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Kambiz	Afkhami
Signature		
Date	10/26/01	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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